APR 1 1 2015

Form No.42-1409-1 (Internet 3/12)

IDWR / NORTH

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE COEUR D'ALENE-SPOKANE RIVER
BASIN WATER SYSTEM

CIVIL CASE NUMBER: 49576 ID Number: 94-9389	
Date Received: Ø4 - II - 2 Ø15	
Receipt No: N #3 1162	
Amount: \$25 By: 4mm	

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

ase type or print clearly		
Name of claimant(s) ALFRED CLARK NOLAN		773-288-2896
Mailing address 5834 S STONY ISLAND AVE APT 5C CHICAGO	IL	ZIP 60637
Date of priority (only one (1) per claim) 08-06-1917		
Source of water supply (check one) Ground Water () or Other (x) (a) UN	INAMED S	TREAM
which is tributary to (b) LAMB CREEK	·	
a. Location of point of diversion is: Township, Range	,	Section
1/4 of 1/4, or Govt. Lot, B.M., County of		
Parcel (PIN) no.		
Additional points of diversion if any:		
If available, GPS coordinates:		
b. If instream flow, beginning point of claimed instream flow is: Township _	47N	_, Range 03W
Section 11 , SW 1/4 of SE 1/4, or Govt. Lot, B.M., Co	ounty of K	DOTENAI
Govt. Lot, B.M., County of KOOTENAI		
Description of existing diversion works (dams, reservoirs, ditches, wells, including the dates of any changes or enlargements in use, the dimeconstructed and as enlarged and the depth of each well.	pumps, pip ensions of	pelines. headgates, etc.) the diversion works as
	Name of claimant(s) ALFRED CLARK NOLAN Mailing address 5834 S STONY ISLAND AVE APT 5C CHICAGO Street or Box City Date of priority (only one (1) per claim) 08-06-1917 Month Day Year (yyyy) Source of water supply (check one) Ground Water () or Other (x) (a) UN which is tributary to (b) LAMB CREEK a. Location of point of diversion is: Township, Range 1/4 of1/4, or Govt. Lot, B.M., County of Parcel (PIN) no. Additional points of diversion if any: If available, GPS coordinates: b. If instream flow, beginning point of claimed instream flow is: Township Section, SW1/4 ofSE1/4, or Govt. Lot, B.M., County of ending point is: Township, Range	Name of claimant(s) ALFRED CLARK NOLAN Phone Mailing address 5834 S STONY ISLAND AVE APT 5C CHICAGO IL Street or Box Ocity State Date of priority (only one (1) per claim) 08-06-1917 Month Day Year (yyyy) Source of water supply (check one) Ground Water () or Other (x) (a) UNNAMED S which is tributary to (b) LAMB CREEK a. Location of point of diversion is: Township, Range, 1/4 of1/4, or Govt. Lot, B.M., County of Parcel (PIN) no. Additional points of diversion if any: If available, GPS coordinates: b. If instream flow, beginning point of claimed instream flow is: Township, B.M., County of ending point is: Township, Range, Section, B.M., County of, County of

6.	Wa	ter is o	claime	d for t	the fo	llowing	g pur	poses	s:	(both	dates a	ire incli	usive m	m-dd)			(cfs)		ID' (acre-f	WR / NO
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	Pai	cel (P	IN) no	(s). 4	7N03	W117	600						7	otal r	numbe	r of a	acres	irrigat	ed	
10.	In v	vhich o	county	(ies)	are la	nds lis	sted a	above	as pl	ace o	f use	locate	ed? <u>K</u>	ООТ	ENAI					
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							Last	name	INOL	V/11/					_ ident	iricati	on no.			

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14.	Basis of claim (check one) Beneficial Use (×)	Posted Notice () License ()	Permit () Decree Ry NORTH
	Court Decree Date		
	If applicable, provide IDWR water right number		
	Signature(s) a. By signing below, I/we acknowledge that I/we you will receive notices in the Coeur d'Alene-Sı b. I/We do () do not (x) wish to receive and pay	pokane River Basin Adjudication".	
	Number of attachments: 3		
	For individuals: I/We do solemnly swear or affirm under penalty document are true and correct.	y of perjury that the statements	contained in the foregoing
	document are true and correct. Signature of claimant(s) Actor Clark	e floran	Date:Date:
	For organizations: I do solemnly swear or affirm under penalty of perj	jury that I am	
	Title	_ of Organization	
	that I have signed the foregoing document in the s	space below as	
	Title	of Organization	
	and that the statements contained in the forgoing	•	
	Signature of authorized agent	Da	te
	Title and organization		
16.	Notice of appearance: Notice is hereby given that I,	d that all notices required by law to	, will be acting as attorney be mailed by the director to
	Signature	Date	
	Address		
			SCANNED
			APR 1 1 2015
			MFR 1 1 ZUI3
	Last name NOLA	NIdentific	cation no.